



# Fiscal Year 2006 Phase II Municipal Stormwater Grants Program

ECOLOGY USE

Application no. \_\_\_\_\_

## Financial Assistance Application

<b>1. PROJECT TITLE:</b> <i>(five words or less)</i>	
<b>2. PHASE II STORMWATER NPDES PERMIT NO., OR ANTICIPATED DATE OF ISSUANCE:</b>	
<b>3. APPLICANT NAME:</b> <i>(city, town, or county)</i>	<b>4. FEDERAL IDENTIFICATION NO:</b>
<b>5. PARTNERING AGENCIES:</b> <i>(from whom interagency agreement[s] are appended)</i>	

<b>6. APPLICANT SIGNATORY:</b> <i>(the person whose name is listed here must sign section 13 of this application)</i>	
Name:	
Title:	Telephone Number:
Address:	

<b>7. APPLICANT STAFF CONTACT:</b>		
Name:		
Title:	Telephone Number:	E-Mail Address:
Address:		

<b>8. PROJECT INFORMATION:</b>
What is the population in the PROJECT area? _____

**The total of each separate designation (County, Legislative District, Congressional District, and WRIA) must equal 100%. Please list in descending order and break ties by at least one percent.**

County(ies) for the Project:	
Name	Percent

State Legislative District(s) for the Project:			
	Number	Percent	

Congressional District(s) for the Project:			
	Number	Percent	

Water Resource Inventory Area(s) - WRIAs - for the Project:			
	Number	Percent	

<b>9. ELIGIBLE PROJECT COST</b> <i>(that portion of the project cost that is grant eligible)</i>	\$ _____
<b>10. ECOLOGY GRANT REQUEST</b> <i>(the amount up to which the applicant is eligible to receive, according to the FY 2006 Guidelines for the Phase II Municipal Stormwater Grants Program)</i>	\$ _____

<b>11. PROJECT DURATION:</b>
Anticipated Start Date: _____
Project Length: _____ months
Anticipated Project Completion Date: _____

<b>12. PROJECT OUTLINE AND IN 250 WORDS OR LESS (IF POSSIBLE) SUMMARY:</b>
<p><b>OUTLINE - Check as many as pertain (Double click on box and click check, if you'd like)</b></p> <p><input type="checkbox"/> Public education, information, and communication;</p> <p><input type="checkbox"/> Establishing OR refining stormwater utilities (underline one), including stable rate structures, and other capacity building activities to facilitate ongoing stormwater management needs); please specify in the SUMMARY</p> <p><input type="checkbox"/> Conducting inventories of stormwater sources;</p> <p><input type="checkbox"/> Mapping stormwater sources</p> <p><input type="checkbox"/> Geographic information system of stormwater sources;</p> <p><input type="checkbox"/> Source control activities, such as erosion control projects involving plantings, drain stenciling, etc.; please specify in the SUMMARY</p> <p><input type="checkbox"/> Review existing local stormwater regulations; your own or others (underline one or both).</p> <p><input type="checkbox"/> Completing general stormwater management plans, and facilities plans (underline one or both), including financing options and choices, to meet the Phase II Stormwater Management NPDES Permit, etc.</p> <p><input type="checkbox"/> Other (Please Specify below in the SUMMARY)</p> <p><b>SUMMARY - Please briefly summarize the project below and include how you will monitor success.</b></p>

<b>13. APPLICATION CERTIFICATION:</b>	
I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT, THAT THIS JURISDICTION HAS NOT RECEIVED WATER QUALITY PROGRAM ADMINISTERED FUNDS FOR THE SAME PURPOSE, AND THAT I AM THE LEGALLY AUTHORIZED SIGNATORY OR DESIGNEE FOR THE SUBMITTAL OF THIS INFORMATION ON BEHALF OF THE APPLICANT.	
Printed Name	Signature
Title	Date

<b>14. APPLICATION SUBMITTAL INFORMATION: THE APPLICATION IS TO BE RECEIVED <u>NO LATER THAN TUESDAY, NOVEMBER 15, 2005 at 5:00 p.m.</u> at:</b>	
<b><u>U.S. Postal Mailing Address:</u></b>	<b><u>Overnight Mail or Hand Delivery Address:</u></b>
Department of Ecology Water Quality Program Financial Management Section P.O. Box 47600 Olympia, WA 98504-7600	Department of Ecology Water Quality Program Financial Management Section 300 Desmond Drive Lacey, WA 98503